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REVIEW OF DR. DICKSON'S "CHRONO-THERMAL SYSTEM OF MEDICINE."

[Communicated for the Boston Medical and Surgical Journal.]

In the July No. of the New York Journal of Medicine, there appeared a partial review of Dr. Dickson's book, styled "*The Principles of the Chrono-Thermal System of Medicine.*" The reviewer treated the work more as one of those ephemeral fungi which so often shoot out of the body politic of medical literature, "and strait are seen no more," than a work having any claims to serious attention. Shortly after this, an angry kind of notice of the review came out in the New York Courier and Enquirer, censuring the reviewer sharply for summarily condemning the work without a hearing, and claiming for it uncommon merit.

Although we really deem it a waste of time, we must beg pardon of our readers, while we go more fully into the work, and give them a short analysis of what Dr. Dickson calls his "Chrono-Thermal System of Medicine." In doing this, we shall propose to ourselves the following arrangement. 1st. What the author says of himself. 2nd. What he says of others of the profession. 3rd. His theory. 4th. His treatment of disease, interspersing such remarks as may suggest themselves; and here we must beg to observe that we shall not exactly follow in the train of reviewers generally, but begin in the middle and work both ways; and we are not yet certain whether we shall conclude with the last or the first page of the work.

1st. As to what the author says of himself. This, taken in all its bearings and ramifications, constitutes no inconsiderable portion of his book. Without the least hesitancy or apology, we find him, on almost every page, continually obtruding himself on the notice of the reader, in every variety of attitude and on every possible occasion; and often on no occasion at all. Not only are sentences and paragraphs interlarded, but even whole pages are often thrust in, devoted totally to his own matters. On page 36 he introduces himself in these words—

"The first step that I myself made in rational medicine, was to unlearn *all* I had been taught, and that at the beginning was difficult. How I ever came to believe one half the rubbish propounded by medical teachers, I cannot now understand, for the whole doctrines of the schools are a tissue of the most glaring and self-evident absurdities."

How long he remained in this hoodwinked state, he does not say, nor

does he even tell us the length of time required to unlearn all he had been taught; only, it was difficult walking backwards; and, paradoxical as it may seem, perhaps if he had been taught a little more, he would have had even less to unlearn—I mean a little more honesty.

Having become fairly unlearned and divested of all scholastic knowledge, and his intellect duly enlightened by the "light of nature," his favorite light, he condescends to favor us with what he calls the true answer to the question, "what are tubercles?" He says, on p. 61—

"I wish you to consider it [the answer] well: for it is, or I should rather say, it was until I took the liberty of enlightening the profession, totally at variance with their notions."

How ungrateful we professional men are, for not acknowledging our obligations to Dr. Dickson for the discovery that "tubercles are diseased pulmonary glands."

By way of enlightening the profession, like a thorough schoolmaster, he occasionally resorts to the rod. On page 69 we find a specimen of this discipline. He says, speaking of Drs. Forbes and Conolly—

"They have taken care to repeat their abuse of me—a sure sign that they still smart under the effect of the castigation they received at my hands." Bravo.

In cutting up the reviewers, he says, p. 77—

"Some time ago I showed up one of them in a way he will not soon forget." This was Dr. James Johnson, who reviewed his book; "and (continues he) a most unlucky business it turned out for him, for were I to tell you how I replied to his criticisms, you would never hear his name mentioned again without laughing."

The whole of this page and page 78 is made up of such like egotistical flashings. But on page 108 he seems almost in ecstacies with his principles, declaring that, when he perused them in the writings of others, he was tempted "in sentiment" to exclaim with Dennis—"By G—, that thunder is mine."

It is, however, on pages 122 and 23 that he caps the climax of his transcendant vanity, by setting himself up as the modern "indomitable Luther," whose example he boasts of following in heapening "invective on invective," until, as he elsewhere says, he shall "purify the medical atmosphere of some of its present corruption and foulness"; and "in the course of these lectures [p. 25] I will give you something better than any *human* authority, however respectable." He appears throughout his work to have had Paracelsus constantly in his eye. In fact, between the two there seems to be *unity* of sentiment and feeling, though differing somewhat in their manifestations. The vanity of Paracelsus was of a sottish cast, while that of Dr. Dickson is more of a raving, flashing order, both equally disgusting to all honorable minds.

Having noticed these fractional parts of his egotistical ravings, we shall now pass on to the second head proposed, namely, ***What he says of others of the profession.***

On page 36 he opens his battery of artillery on the profession generally, by saying—

"So far as my experience of [or in?] medical matters goes, few people in these times are permitted to die of disease. The orthodox fashion is to die of the doctor."

On page 54 he says—

"You will now, I have no doubt, be prepared to question the propriety of the usual *murderous* treatment adopted for spitting blood."

Again, on page 57, he says—

"When so many of my profession, and those not always of the lowest class, descend to practices which degrade medicine into the vilest of trades; when, like the Thugs of India, numbers of them silently and secretly enter into collusion and conspiracies for the purpose of inveigling, under friendship's garb, the unfortunate victims who too confidently repose on their honor and integrity, is it not time the too credulous public should be put on their guard?"

In reference to Broussais, he observes—

"So skilled was he in all the arts of scholastic juggling, not only did he parry every blow aimed against his favorite theme by the skin supporters, but he at last obtained for it so great an influence in the sick room, that no patient of importance *could be put to death* legitimately till he had first been called in to prescribe something for the mucous membrane."

Throughout his whole work, fool and physician are words used synonymously. Thus, on page 102, he says—

"It is only a fool or a physician who could be duped for a moment by such puerility, and Lord Stowel was right when he said a man might be both at 40."

His opinion of medical schools is not any more favorable, for these he denounces by the wholesale. We shall notice only one as a fair specimen of his many sweeping aspersions. On p. 103, he says—

"As for the schools, at this very moment, the whole *regime* of medical teaching is a system of collusion and trick—embracing intrigue and fraud of every kind, with the necessary machinery of periodical journals and reviews, by which the masters are enabled to keep down truth, &c."

Pages of similar libellous expressions might be quoted, but enough has been noticed already to sicken any man of honorable feelings. How a class of high-minded young Englishmen could listen to such astounding and scandalous illiberality, we "cannot now understand." We are compelled to honor Dr. Dickson with the title of Prince of Lampooners.

We now come to that in which Dr. Dickson so much exalts his theory, our third head. He begins by condemning as foolery everything in the shape of Nosology. He makes disease a unit, consisting in an increased or diminished movement of the atoms of the brain and nervous system, invariably with a corresponding elevation or diminution of temperature; even if a small part of the brain only is disturbed, its temperature is always correspondingly influenced.

This atomic movement is always primarily universal, proceeding from causes without. There is no primary local disease, except injuries from local violence. All other local diseases are the effect of one general

atomic movement, deranging weakened or predisposed parts. So that disease is a unit, invariably performing in every case periodic movements. So that unity and periodicity are characteristic of every disease, and intermittent fever is the true type of all diseases flesh is heir to, except local injuries. All diseases, then, are modifications, offshoots, twigs or variations, of this one type, this intermittent fever.

Now who does not know that this doctrine of accelerated or diminished atomic movement, unity and universality of all diseases, and development of local affections as effects, is the very doctrine of Dr. John Brown, taught 40 years ago, embracing all the theory of Dr. Dickson, except his periodicity, temperature and type; and these will ere long be settled as sheer humbuggery.

In support of the doctrine of the unity of all diseases, Dr. Dickson quotes Hippocrates, who says "disease is a unit," and that humor must be the cause of all complaints. Dr. Rush maintained the unity of disease, and held that the essence or type of all was vascular excitement. Broussais contended that inflammation of the mucous membrane was at the bottom of nearly all diseases. Hahnemann believed that the type of all diseases was the itch, scrofula or lues venerea—and now comes up Dr. Dickson, and tells us that intermittent fever is the veritable type of all diseases; and that those who think otherwise are fools, knaves and ignoramuses. On page 28 he says—

"If we succeed in proving to you that toothache, asthma, epilepsy, gout, mania and apoplexy, all come on in fits; that all have febrile chills and heats; that *intermission*, or periods of immunity from suffering, more or less complete, are common to each, and that every one of these supposed different diseases may, moreover, be cured by any of the agents most generally successful in the treatment of intermittent fever, popularly termed ague; to what other conclusion can we possibly come, but that this ague is the type which pervades, and the bond which associates together, *every one of these variously-named diseases*? If, in the course of these lectures, we further prove that what are called 'inflammations' also come on in fits; that the subjects of them have equally their periods of immunity from pain, and that they yield with equal readiness to the same remedial means; who can be so unreasonable as to doubt or dispute that ague is the model or likeness—the type of all disease."

Here we must be permitted to use one of Dr. Dickson's common phrases, and ask who can be such a fool as to believe that all inflammations can be cured "with equal readiness" by the remedial means which cure ague? And, further, who can possibly be dupe enough to believe that toothache, epilepsy, gout, mania and apoplexy—that "every one of these supposed different diseases" may be cured by any one of the agents most generally successful in the treatment of intermittent fever, namely, bark, arsenic, &c.? He subsequently breaks out in this exalted or rather exulting strain.

"Who taught me that all diseases, however named, and by whatever caused, are intermittent in their character, and that, like the ague, all may be cured on the principle of prolonging the intermission by bark, arsenic, &c.?"

Such language is too clear to be mistaken; "all diseases, however named," are intermittent fevers, and yield to bark, arsenic, &c. Any comment on such absurdity is unnecessary.

To establish the point that the type of all diseases is intermittent fever, he lays it down as a broad fact, that "all diseases" commence with "aguish fits." Now every practitioner knows that very many diseases, even very extensive and severe inflammations, and sometimes general fevers, come on without any aguishness at all. This attempt of Dr. Dickson to make out all diseases to come on with agues or chills, is intended to establish the periodicity of every movement of the body, both normal and abnormal. The discovery of the periodicity of all morbid and healthy movements is that on which he mostly plumes himself, and tenaciously and exultingly claims his own. He extends his theory of the periodicity of movement not only to all vital, but to all physical actions also; even to all stellar movements, and to earthquakes, tornadoes and hurricanes. The doctrine of unity of action he extends through all nature's works, up to the Deity himself. But he does not claim periodicity for the Supreme Being.

If by periodicity Dr. Dickson means simply exacerbations and remissions, without any reference to regularity of time, we shall not differ from him, for morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high or blow low, or cease blowing; and once in year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now we have no idea of calling the one or the other of these variations periodical. We have been taught otherwise, and we cannot boast of having yet unlearned it, as Dr. Dickson may have done. Walker, in his Dictionary, defines periodical, "circular, making a revolution, happening by revolution at *some stated* time, regular, performing some action at stated times"—and Brand, in his Encyclopœdia, gives the same definition. According to these definitions, what becomes of Dr. Dickson's doctrine of periodicity of all diseases, cancer, gout, stone, curved spine, and all the phlegmasiæ? Such theory is what we Yankees call a matter of moonshine—a pure creature of Dr. Dickson's heated imagination.

According to the views of Dr. Dickson, disease is a unit; so also he contends is the *modus operandi* of all medicines. On p. 29 he says—

"So I then thought it time to explain to him, as I now do to you, that the principle upon which these substances can cure and cause disease is *one* and the *same*, namely, their power for good or for evil, as the case may be, of electrically altering the motive state of certain parts of the body, and of altering at the same time their thermal condition."

By thermal condition, he means, we presume, their temperature.

According to his theory all medicines operate through the brain and nerves electrically, and are capable of producing "good or evil." And he afterwards takes not a little pains to prove that arsenic can produce ague and fever, and that all medicines can and have produced every disease they are capable of curing. Opium will sometimes keep one awake, or vomit one; antimony will sometimes not vomit, but will pro-

duce sleep. These strange incongruities he says were never explained till he unfolded the mystery, and he warns every F.R.S. not to steal his discovery, either wholly or by fragments, for, says he, "I exclusively claim the electrical doctrine of medicinal agency as mine." The great discovery he speaks so loudly of, is this—

"The atoms of the specific portion of the brain of any two individuals, thus oppositely influenced in either case, must be in opposite conditions of vital electricity, negative in one and positive in the other."

Now we call all this vaunted discovery of an explanation mere hypothesis, an opinion, without a shadow of proof. Admitting it to be true, the question arises at once, how are we to ascertain whether the brain of an individual be in a state of positive or negative electricity? And as he has asserted arsenic is capable of producing intermittent fever, and strychnia palsy, how are we to know whether their administration will produce "good or evil," that is, produce ague or palsy, kill or cure, according as the electrical state of the brain may be? To this our great discoverer has not yet discovered an answer. He admits that we cannot tell till we try, and so confesses his ignorance. Moreover, he confirms it by cautioning us to begin with "small doses at first," and "feel our way." He would more emphatically have expressed himself, had he said grope your way along in the darkness I have thrown around you." Such cautious directions, and feeling our way slowly along, come with a bad grace from one boasting of making "short work of disease."

In our own way of prescribing, we have the pulse, the tongue, and a variety of landmarks. But our new light Dr. Dickson strips us of all these, and throws a shroud of electrical darkness around our path, and then directs us to "feel our way" with small doses at first, till we find, by straws, which way the wind blows.

In his theory of the operation of medicines and morbific causes, for they are all one with him, the agency of the fluids is not even once named. What becomes of all our chemical changes in the fluids? Dr. Dickson has not thought these worth even a passing notice.

4th. *Treatment.*—Dr. Dickson divides his remedies into chrono-thermal and symptomatic. The first class of medicines includes all such as relate to time and temperature, as the words signify. They comprehend all the articles of the materia medica, and many that are not there, even as many as the God of nature has placed within our reach. His principal ones, however, are arsenic, quinine, strychnia, prussic acid, iodine, belladonna, copper, iron, silver, lead, &c. &c.

On page 107 he says—

"That attention to temperature is everything;" and on p. 220 he continues, "Well, gentlemen, the proper medical treatment of all diseases comes at last to attention to temperature, and to nothing more. What is the proper practice in intermittent fever? To apply warmth or administer cordials in the cold stage; in the hot to reduce the amount of temperature by cold affusion and fresh air; or for the same purpose to exhibit, according to circumstances, an emetic or purgative, or both combined, with quinine, arsenic, opium, &c. The interval of comparative health, the

period of medium temperature, may be prolonged to an indefinite period, and in that manner may health become established in *all* diseases."

The measures he condemns are bloodletting in all its forms, blisters, setons and issues. For bloodletting he substitutes emetics and cold applications. These are his coolers. He recommends them both in apoplexy and in all manner of inflammations, or at least he would have us believe so; but after all he has said, he knows better. He speaks of all important inflammations except one, and as he could not administer an emetic in that without killing him, or safely omit leeching or cupping, he passes it over in profound silence. It is gastritis. He speaks of "pneumonia and enteritis," coupling them together to the exclusion of gastritis, which clearly lies between them. Now why did he omit gastritis, never once naming it? Evidently because he knew the really safe treatment would be fatal to his new light system. He knew full well an emetic would be a fatal substitute for bloodletting either generally or topically. He who has prescribed for armies of sick must have had many cases of gastritis. His silence on the subject we must call downright dissimulation at least.

We shall now pass from Dr. Dickson's dissimulation to his dishonesty. He calls Dr. Johnson a knave. We shall prove him one, at any rate. On page 84 he says—

"The first resource of the surgeon is the lancet—the first thing he thinks of when called to an accident is how he can most quickly open the flood gates of the heart to pour out the stream of the already enfeebled existence. Does a man fall from his horse or a height, is he not instantly bled? has he been stunned by a blow, is not the lancet in requisition?"

Now he knew all this was actual and wanton falsehood when he penned it; for Sir Charles Bell condemned the practice and set surgeons right on this point 40 years ago, by showing the impropriety of venesection under such circumstances and the necessity of administering cordials. And his editor quotes the very words of Bell, and the true practice as inculcated by him has been taught and followed by all well-read physicians from that time to the present.

Again, on p. 199, he makes out that nobody ever tried emetics but himself in inflammation of the lungs. This he also knew was false; for he was well aware that they were used in this disease by the generality of good physicians.

We have now devoted more time to Dr. Dickson's book than we originally intended; and we can conscientiously say that in the treatment of disease we find nothing new except the banishment of bloodletting, &c., and the more free use of emetics. It is a fact that the lancet has been too freely used; but the error has been correcting some years, at least in this country, where Dr. Dickson's ideas were never heard of. His book contains many hints calculated to benefit the settled practitioner, but in the hands of the junior members of the profession it would be very apt to do great injury. It reminds us of a huge volume found

in the library of Thomas Jefferson, made up entirely of scraps filled exclusively with all manner of invective against himself, out of newspapers.

To conclude, let us now ask what was the motive that moved Dr. Dickson to publish this book? Was it to correct the errors of the profession? We answer, no; for on the title page we find it directed to the people—"The people's edition." It was written expressly for them, being "freed from all technicalities." Now what effect must this work have on the minds of the people? If it have any, it must be a very unhappy one for the profession. It cannot be a therapeutical knowledge adapted to the level of these people, for they could not, without imminent risk of life, meddle with his most common remedies, such as arsenic, prussic acid, &c. The only effect his book can have on them is to cause them to look on physicians as a class of ignorant, misguided murderers, and of consequence to view, in him, their champion, friend and protector—Dr. Dickson, the medical reformer; enabling him thereby to reap a rich reward of honor, fame and fortune from this class of the people.

We shall now say a few words in relation to the editorial matter, and then we shall take our leave of Dr. Dickson's book. On this head we shall be compelled to say that the editor has not attempted to enrich the work by anything more than the addition of a few cases from his private practice. We shall notice only one of these as a fair specimen of his views of chrono-thermology. It is inserted in the introduction, and is instanced as conclusive in establishing the chrono-thermal system. Here it is.

"A lady, in consequence of attending an evening lecture at the Tabernacle, was attacked with violent chills, followed by darting pains in the lungs, severe headache, a rapid pulse, hurried respiration, and all the symptoms of inflammation (so called) of the lungs. Added to this, owing to compunction in having gone out against the advice of a parent, she had a severe nervous or hysterical attack, with sobbing and crying."

Now from the peculiar construction of the phrase "inflammation *(so called)* of the lungs," we may fairly infer that the editor had his doubts as to its being a veritable inflammation of the lungs, and so have we ours, for we have never yet seen unequivocal settled inflammation of the lungs or of any other important organ, complicated with "hysterical sobbing and crying," and very much doubt whether such a complication can exist, but we know full well that hysteria may simulate almost any disease whatever. But let us glance at his chrono-thermal treatment by way of "enlightening the profession," as Dr. Dickson says—

"A sharp emetic relieved the severity of all the symptoms almost at once, and an opiate brought on rest and repose through the night. Peruvian bark and rest were the chief remedies the two following days." Of course she recovered.

Here we would ask, wherein did the treatment of this case differ in the least, from that of all well read practitioners of the day, in cases of violent hysteria? We have seen a most severe case of hysterical opisthotonos perfectly relieved in half an hour by an antimonial emetic. To compose the agitation of the body and mind, an opiate would suggest itself to any practitioner, especially after a sharp emetic had ensured its

happy effect; and again, what more common as a tonic in all cases of hysteria, than "Peruvian bark"?

On the other hand, suppose the case to be one of real inflammation of the lungs. It was in its early or rather forming stage, and what is a more common and proper prescription than an emetic to break up morbid concentrations, to reduce vascular excitement and to throw open the capillaries? Nothing; and again, what is more customary as a sudorific, than an opiate, with proper concomitants? By these means scores of similar cases have been cut short by every practitioner of much experience. As for the Peruvian bark, under this view of the case, it must have been administered chrono-thermalogically, to prevent a recurrence of another paroxysm or fit of———disobedience.

His other cases are few and unimportant; and we regret to see so worthy a man enlisted in the cause of humbuggery or popular delusion so abundant in this our day. J. F.

PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I send the following case for insertion in the Journal, or to be disposed of otherwise, as you deem proper. Respectfully yours,

Brighton, Dec., 1845. Isaac G. Braman.

On the 23d of November I was called, in great haste, to see Mrs. ——, aged 23, of a plethoric habit, bilio-sanguineous temperament, and at the close of utero-gestation. On my arrival, at 8, A. M., I found her in bed, lying upon her left side, in a comatose state, with stertorous breathing, foam issuing from the mouth, and a sputtering of the lips at each expiration. It appeared she had just had a convulsion.

The account given me by her husband was this. He was awakened at half-past 5 by his wife, who complained of some pain in the head. He proposed sending immediately for me, at which she demurred, thinking it would soon pass off. In a short time he fell asleep, and in one hour after, when he again awoke, she was quiet. He then left her for a few moments, and upon returning found her unconscious, exhibiting somewhat the same appearance as now. A convulsion again occurred, and was succeeded by others at intervals of ten or fifteen minutes.

The patient having resided but a short time in town, I had no previous knowledge of her condition or health, but was informed the latter had been uniformly good. During gestation her appetite was vigorous, and she indulged it freely. She had exercised but little, and costiveness was a source of much inconvenience. Consequently the bowels were loaded, and all this, without doubt, had no inconsiderable agency in bringing about the present state of affairs.

The indications in the case were quite clear. The bowels must be evacuated, blood abstracted, and general plethora removed. The first was accomplished by enemata, the patient's state being such as to render

the administration of much medicine by the mouth impossible. From these were procured copious dejections of bile and undigested food. A vein was opened in the arm, and a small quantity of blood obtained, when it ceased to flow. Convulsions, however, ceased for a time, and the patient became sufficiently calm and conscious to swallow a portion of ol. ricini and bals. copaib.

Some uterine action being present, I made an examination *per vaginam*, and found the fundus of the womb pressing low down, and the os uteri, tilted up high and far back, sufficiently dilated to admit the finger. I hoped now that labor would proceed, and the case have a favorable termination; but I was disappointed. After an hour or more of amendment, she had a convulsion of great severity. I immediately tied up the arm and abstracted more blood, proposing, at the same time, that Dr. W. Channing, of Boston, should be sent for in consultation. While the messenger was absent, she had severe convulsions, lying in the intervals totally unconscious, and breathing like a person in apoplexy. At 2, P. M., Dr. Channing arrived, and advised to further bleeding, which operation he accordingly did, taking away ʒ xxiv. from a free orifice. Pains soon became more active, and at 3, P. M., the head was in the inferior strait. Convulsions, however, being frequent and severe, Dr. C. applied the forceps. The child breathed feebly, and efforts were made to rally it, but they were ineffectual, and it died in half an hour.

The patient remained insensible, but breathed more freely until half after 4, shortly after Dr. C. left, when another convulsion occurred, and from that time they were continued through the night at intervals of an hour and less. It seemed as though each succeeding one was more severe. At 12, I applied one dozen leeches to the head, and soon placed ten gr. sub. m. hyd. upon her tongue, and directed cold senna tea to be given when possible. She also had enema of assafœtida in mucilage of gum Arabic.

24th. 6, A. M.—Has had 33 convulsions, 21 of which were since confinement; is now much prostrated; unfavorable termination expected. Consulted Dr. Channing, who advised blisters to back of the neck and inside of the leg.

12, M.—Two convulsions since morning, which I did not see. Nurse thinks they were more severe than any previous. Is, however, more calm. Has been able to take the senna tea; bowels moved freely; blisters beginning to draw.

9, P. M.—Calm. Sleeps some. Skin moist, but is unconscious. Swallows some gruel.

25th. 7, A. M.—Is somewhat conscious. Appears at times to know her husband and the nurse; pulse falling; tongue and skin moist. 9, P. M.—Much the same.

12½.—Was called to see my patient. Found her considerably excited. Has not slept; is somewhat thirsty; pulse accelerated; bowels, however, are not tender; lochiæ present. R. Elixir opii gtt. xl. Take this now, and twenty drops each succeeding hour should it be necessary. Let her have a fœtid enema.

26th. 7, A. M.—Has had no sleep; is still excited. Nurse says there has been some subsultus tendinum. Sees unpleasant objects upon the walls and curtains; thinks she shall die. Pulse 120, and firm; tongue moist; coat diminishing. R. Sub. m. hyd., gr. x. In three hours a portion of ol. ricini and bals. copaib. 3, P. M.—More calm; no subsultus; some thirst; pulse 120. Was seen by Dr. Channing, who suggested R. Nit. pot., ʒj.; syr. aurant, ʒ ss.; aquæ, ʒ vss.; tart. ant., gr. j. M. One tablespoonful each four hours.

9, P. M.—Some tenderness just above the pubis. Apply a mustard poultice. Continue medicine, and let her have an enema.

27th. 9, A. M.—Saw her with Dr. Channing. Has had free evacuations from the bowels; tenderness gone; lochia abundant; some milk in the breasts. 9, P. M.—Much the same.

28th.—More comfortable in all respects.

It is perhaps unnecessary to report this case further. Suffice it to say, that the improvement from this time was gradual but sure, and at the date of this communication she is in perfect health.

LATIN MEDICAL PRESCRIPTIONS.

[This is the way that Douglass Jerrold, the living wit, speaks of the medical profession. He makes himself merry over the practice of physicians, who persevere, against their own and the combined judgment of competent lookers on, in making prescriptions as unintelligible as possible. Some of the most distinguished practitioners of England are giving the praiseworthy example of having their prescriptions in plain English, which every apothecary's boy can understand. No mistakes are made like that of putting up arsenic for cream of tartar, when one's vernacular tongue is the guide. A few are attempting to revolutionize the language of prescriptions here, but without much vigorous effort. But to the extract from Jerrold.]

It is impossible to deny that there is some tough reading in the world. Egyptian hieroglyphics puzzle most people—Etruscan inscriptions cannot be read by those who run—and—to ascend from antiquity upwards—even the contemporary pot hooks and hangers wherewith John Chinaman labels his tea boxes, are by no means lucid in their signification. But neither sculptured stones from Egypt—nor vases from Etruscan tombs—nor tea boxes ornamented with the most mystic devices of China ink—are more obscure in the tale they would tell than the little slips of paper which the doctor tells us to carry to the apothecary, and, on the "shut our eyes and open our mouth" principle, swallow the mysterious substances, solid or fluid, represented by the equally mysterious writings in question.

But the medical profession is a learned profession, and its members use Latin because Latin is a learned language. We should like to hear a few "general, practitioners" indulging in a quiet chat on Sir James Graham's new Medical Bill, or on mesmerism and homœopathy, in the vernacular of the Cæsars. We should see how deep the learned profes-

sion was in the learned language. But who says that doctors write Latin? Their Latin is no more Latin than it is English; they have only half translated the tongue they employ; they have taken it out of English without putting it into any other language in particular. Our Sangrados, too, add insult to injury—they make us swallow their nasty stuffs, and call them by barbarous names to boot. They insist upon their Latin being as horrid as their drugs; not only is the draught nauseous to one species of taste, but the formula under which it is administered must be revolting to another.

But bad Latin is not our principal objection to our friends of the College of Surgeons and Physicians. Even if they could write Ciceronian prescriptions, which they can't, or, at all events, won't—we ask, what would be the *cui bono* of doing so. We are not Romans, but Englishmen. Write as you speak. You ask us to put out our tongues, and to let you feel our pulse, in plain English; you find the one too white, and the other too fast. Why don't you tell us the names of the drugs we must swallow, to restore the fine red of the one, and moderate the jog-trot of the other, in plain English, too?

Gentlemen, "Medicine-men," or "Mystery-men," as the Ojibbeways and their red brethren of the wilderness call you; there has been from time immemorial a considerable quantity of humbug in your profession, the still existing remnants of which we would fain see purged off. In times of yore, when people called you leeches and chirurgeons, you added a good many of the tricks of the juggler to your legitimate craft. You were then the prime professors of alchemy, of astrology; the principal conjurors and magicians of the olden time, ere the advent of Herr Dobler and the Wizard of the North; you masqueraded in flowing robes and long beards, and carried white wands like the stewards at a charity dinner; you used a mysterious jargon, both in your medical and your surgical practice; you applied one to aid you in carrying on the other; you had sympathetic powders, and charms and enchantment; you worked both by spell and pill; *hax, pax, max*, was an old medical ch rm against the effect of a mad-dog's bite; the not very dignified syllables of *och, och*, you held to be able to perform cures, to accomplish which sulphur ointment has obtained a more modern celebrity. Long ago, however, you gave up reading your patients' symptoms and chances in the stars, and you now look for the legitimate reward of your learned labors rather to guinea fees than to the mystic riches of the crucible. So far so good. You have in a measure kept pace with the world which is moving on around you; but still in some respects you are lagging; still you have a longing for that veil of mystery, which once hung, awe-inspiring, around you; still in your prescriptions live the embers of your former secret fires; still, in ordering a simple pill or a soothing draught, do you fondly hug the glory with which the *omne ignotum pro magnifico* invests you. Of the old mystic formulas you still have a fond recollection. Gentlemen, your faith in spells is not yet quite at an end. In ordering a dose of salts, your *sulph. mag.* corresponds to the ancient *och, och*. We never see a prescription setting forth the necessity of beginning next

day with a dram of castor oil, the neat and appropriate sentiment couched under the dim phraseology of *ol. ric. cras. mane*, without thinking with great tolerance of the days when *hax, pax, vax*, and similar luminous and useful sentences, were in great vogue and vigor.

Drop, then, we beseech you, the last links which connect science with nonsense—the Doctor with the Diddler family; rhubarb will do as much good when ordered in English as in dog Latin; senna is not a bit more agreeable as *Sol. Sen.*; nor cream of tartar as *Bicar. Pot.* Apothecaries can understand "to be made into a draught," just as well as *Fiat Haustus*; and even the most ignorant will not require more spelling over "the mixture to be taken at bed-time," than they would to read and understand *Mist. hora somni.*

SUNLIGHT AND HEALTH

[CHAMBERS's Edinburgh Journal abounds with admirable papers, occasionally on matters of essential importance to mankind would they heed the admonitions. Read this.]

Turning now to the animal economy, we find growth, health and development also curiously affected by the absence or presence of the solar influence. Dr. Edwards has shown that if tadpoles be nourished with proper food, and exposed to the constantly renewed action of the water (so that their tronchical respiration may be maintained), but are entirely deprived of light, their growth continues, but their metamorphosis into air-breathing animals is arrested, and they remain in the form of large tadpoles. He also observes that persons who live in caves or cellars, or in very dark and narrow streets, are apt to produce deformed children; and that men who work in mines are liable to disease and deformity beyond what the simple closeness of the atmosphere would be likely to produce. It has been stated, on the authority of A. Wylie, that the cases of disease, on the dark side of an extensive barrack at St. Petersburgh, have been uniformly for many years in the proportion of three to one on the side exposed to strong light. Further, Dupuytren relates the case of a lady whose maladies had baffled the skill of several eminent practitioners. The lady resided in a dark room (on which the sun never shone) in one of the narrow streets of Paris. After a careful examination, Dupuytren was led to refer her complaints to the absence of light, and recommended her removal to a more exposed situation. This change was followed by the most beneficial results; all her complaints vanished. The more, therefore, that animals are exposed to the influence of light, the more free are they, in ordinary circumstances, from irregular action and deformity.

[A Richmond paper, in extracting and commenting on this, thus remarks.]

In another part of the article, it is shown that heat and light alone, without the solar radiation, will not suffice for the health of vegetables or of animals; else the artificial fires and lustures of our apartments would have that effect; but they do not. An indispensable agent is actinism.

Now, do not the foregoing facts prove the unhealthiness of changing night into day, as many of our fashionable and semi-fashionable, studious and pseudo-studious people do? The unhealthiness of wasting in bed the bright and bracing hours of early morning, when nature bids us be out of doors digging, or walking, or riding? Is not the balefulness of dark rooms made palpable? Draw aside those curtains—open those window-blinds, thou sluggard, and let Aurora and the sun, looking full into thy chamber, shame thee forth, if they cannot charm thee forth, to inhale strength and health in those best and most beauteous hours of the day.

POISONING BY URINE.

By G. F. Collier, M.D.

The following curious and instructive case abounds with matter for reflection, and it is especially worthy the consideration of those chemical physicians of the present time who are enthusiastically sanguine in their expectation of discovering the "fons et origo mali," and, by consequence, the curative or palliative indications, by reference to a patient's secretions; and who confidently pronounce on the abnormal wear and tear of a man's cerebrum, by noting the morbid excess of phosphorus (a cerebral element) in his urine.

The case becomes additionally interesting, and, as I think, valuable, by the circumstance of its having been tested by the lapse of eight years. I shall offer no theories, no conjectures. I think it speaks for itself.

December 13th, 1838.—Thomas P——, of Turnham-green, aged 34, a day-laborer working on the roads, presented himself for advice, having for some days been afflicted with a dropsy. His face is very much swollen; and the anasarca generally more prominent in the upper, than in the lower, parts of the body. He says, that until now he scarcely knows what it is to be ill; that at, and since, the fall of the leaf he has had a troublesome eruption to which he had been many years occasionally subject; as it lasted longer than usual, he was advised by an old woman to drink his own urine for nine days, taking early in the morning, on a fasting stomach, precisely the whole quantity voided on going to bed; says that he got through the nine doses, but thinks he began to swell before he had finished the course; he has fluid in the abdomen, and in the parietes of the chest and belly, swelling, however, greatest in the upper parts; the urine is scanty, thick, deep brown, and very offensive; he has a heaviness of the head, increased on stooping, and his own words are, that he feels too heavy for work, having neither his usual warmth nor life in him; he has little thirst; his pulse is under 90; his countenance pale, and its expression heavy and vague; he walks with a stick, because, he says, he feels the want of support; he has not been unusually exposed to cold or to wet, and is of temperate habits; the urine is not albuminous; he loses his breath if he walks quick, and is obliged to stop. Deeming this case to be due to the poisonous impression, or to

the ingestion of the urine by endosmosis into the circulation, I ordered a smart purgative of calomel and colocynth, and afterwards six pills of calomel, squill and digitalis, with heath-broom tea. The water was all dispersed, and the man back to his work within ten days; he required no repetition of the medicine; the urine did not pass as it was used to do before this illness, till the ninth day.

Nearly eight years have elapsed, and this man has never since been ill a single hour. He still works on the road at Turnham-green, and is known as a steady industrious laborer; he now lives in Fisher's-lane. I shall not pronounce whether this dropsy ought to be referred to the ingestion of the urine merely, or to the damage done to the innervation by its contact with the tissues. The late Dr. Fox, of Plymouth, has recorded a series of cases of anasarca, produced by part of the crew of a vessel hiding themselves from a press-gang, by allowing themselves to be buried in salt. The bite of a rattlesnake will produce dropsy; so will that of the viper; and so will bad unwholesome food. I have known a single debauch as the last link to produce the same effect.—*Lon. Lan.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1845.

Spectral Vision.—Last week's Journal contained one of the most curious papers on illusive vision, perhaps, on medical record. We enjoin it upon Dr. Abell to furnish further communications on the same subject, assuring him that in doing so, he will subserve the interests of science. The philosophy of vision is still in its infancy; and Dr. A. may do something towards furnishing materials for its advancement.

A gentleman of this city, known for his intelligence and enterprise, for years past has been entertained with a singular spectral visiter whenever he enters a certain gate in front of a relative's house on Washington St., bordering on Roxbury. He is met by a large, full-faced, florid-complexioned man, dressed in a broad-brimmed white hat. This occurs at all hours of the day. The spectre recedes from him as he advances, and near the front door is lost in air. He assures us that he takes pleasure in looking his intangible visiter full in the eye—examines the color and cut of his garments, and now regards him as an old, familiar acquaintance. The gentleman is not conscious of having defective vision. It is evident that a morbid action takes place in his brain, through its connection with the optic apparatus—and that the spectre is reproduced by local causes existing at the gate, which cannot yet be explained.

A Treatise on Corns and Bunions.—This is a useful publication on a matter that is of considerable consequence to all exceedingly fashionable communities. It is only where tight shoes, stiff boots, and an unrelaxing persistence in the modern vice of dressing the feet improperly, prevail,

that corns, bunions and difficulties of the nails occur. The feet of all inhabitants of cities are more or less distorted. The toes are pressed out of place, ride one upon another, and suffer immensely and wholly unnecessarily. All these maladies, which make some parts of life very miserable, commence, ordinarily, in childhood, through the thoughtlessness or pride of parents. A neatly fitting shoe is the admiration of most persons; yet, when the foot is expanding and enlarging in accordance with a law that influences all parts of the body, whenever the shoe is tight it becomes a source of irritation and should be thrown aside. While the feet have ample space for moving the toes with freedom, corns are rarely developed. Wherever the pressure is a source of disturbance to the skin over the phalangeal articulations, a rebellious inflammation ensues, and a corn rises up at the tender point, in the character of a never-sleeping sentinel, to guard the abused member from further annoyance. So long as the source of offence remains, the more acutely sensitive is the corn. If all pressure is taken off, no further molestation exists, till there is a re-application of the old disturber. All this is common knowledge, which requires no further explanation. With this treatise in hand, there is a possibility of mitigating the violence of pain, and it is quite possible to be tolerably comfortable, from one pairing time to another. It is idle to indulge the idea of eradicating the corns till all covering for the feet, harder or less elastic than doe skin, is forever abandoned. Dr. Lewis Durlacher, *surgeon chiropodist, by special appointment*, to the Queen, may cut and carve these vexatious excrescences to admiration—but we have no confidence whatever in any course short of going barefooted, all the science of this great toe-cutter to her Majesty to the contrary notwithstanding. Were it not one of the most respectable essays extant, on the subject, it is quite certain it would not have been republished by Messrs. Lea & Blanchard, of Philadelphia. The book contains thirteen chapters, in which are considered the cause and growth of corns; hard ones; callosities; soft corns; festered ones; neuro-vascular corns; vascular excrescences; bunions; diseased nails; warts, chilblains and general management of the feet. Messrs. Ticknor & Co. have copies on sale.

The Progress of Medicine.—On the 17th of October, Dr. E. Emmons, of the Albany Medical College, opened the lecture term by an introductory discourse. The students requested it for publication, which is an evidence of the estimation in which the professor is held. Dr. Emmons has a reputation for profound attainments in the sciences, which in Massachusetts, certainly, he has fully sustained. Geological researches seem not to have interfered with his progress in the various departments of medicine, if this lecture is a fair chart of his enterprise. Without advancing essentially any new doctrine, he plainly shows what has already been accomplished, what remains to be done, and the process by which a young physician may become both learned and useful. From the unpretending nature of the address, unless read with fixed attention, some of its finest points would not be discovered. As this is the commencement of a new effort by the chair of Obstetrics and Natural History, the Faculty may hereafter calculate upon his services in organizing for the season, with an expectation of brilliant success. Report speaks well of the Albany Medical College. The enterprise of the professors is proverbial, and consequently the elements of thrift are there.

Surgeons for Merchant Vessels.—Were the owners of regular lines of packets from the United States to Europe, and all distant ports in other parts of the world with which there is necessarily a constant and increasing commercial intercourse, to have a medical man permanently connected with each vessel, it would be hailed with eclat. One of the advantages in going from Boston to Liverpool in the English steamers, is the security of medical advice and personal attention, free of charge, when overtaken by sickness or accident. Return voyages, in sailing vessels, are always tediously long—and hence the necessity is more urgent for having a physician on board. Even vessels for India, from this country, never take one—which is a gross mistake in the owners.

Moral Integrity—The New York Medical Intelligencer.—Dr. Meikleman, editor of a new Journal called the New York Medical Intelligencer, having ascertained that the publication cannot be sustained, announces his desire, by a circular, that persons who have paid in advance should have their money refunded. This redounds greatly to Dr. Meikleman's reputation, and should be remembered by those who have it in their power to aid genius and patronize those who present such an example of honest and upright dealing. The Journal about to expire, was principally a reprint of interesting medical matter from foreign journals.

New Midwifery Instruments.—Mr. Burnett, of this city, in Tremont Row, has had made several sets of Dr. Smiley's newly-devised forceps. The fulcrum is moveable, which is the important feature in them. Gentlemen having an interest in the subject of new instruments, especially those extensively employed in midwifery, should look into the principle of these, and if they are superior to those in use from immemorial time, let them have a fair trial.

It pains us to learn that the ingenious inventor, whose mechanical ingenuity in the construction of various instruments in modern surgery has so often been referred to, is in a very low state of health.

Medical Supplies for the U. S. Army.—The expenditures for the medical and hospital department of the army during the last fiscal year have been, like those of the immediately preceding year, comparatively very small.

Everything in the way of remedial agents, and all the hospital stores, bedding, &c., both as to variety and extent of supply, essential to the comfort and convenience of the sick man, have been furnished to the sick and invalids of the army; yet the expenditures for medical and hospital supplies for the last fiscal year did not exceed $13,600 50; which sum divided among the 8,639 men (the mean strength of the army during the same period), will give $1,57 4-10 per man per year, or 4 3-10 mills per man per day, as the regular outlay for medical supplies *proper* to the sick of the army.—*Dr. Lawson's Report.*

Fossil Giant Skeleton in Tennessee.—Paragraphs have been circulated extensively in the newspapers, declaring as a fact that the fossil skeleton

of a human being, between seventeen and eighteen feet high, had been discovered near Franklin, Williamson Co., Tenn., in a cleft of the rocks. We have taken special pains to ascertain all that is worth knowing on the subject, and now present the result of our inquiries. It has been said that the physicians of Nashville had examined the bones, and declared, unhesitatingly, that they were the remains of a colossal human being. It was rating the anatomical knowledge of the profession in that city, very low, indeed, to append such an atrocious misrepresentation to the story, when, in reality, they were the very men who have given a different and true version of the matter. An eminent citizen of Nashville, whose scientific attainments give us perfect confidence in his ability to decide any problem in comparative anatomy, writes to us thus :—

" I have had an opportunity of seeing them (the bones) reared up perpendicularly, capped with a huge *wooden head*, and having a *wooden pelvis* and *wooden ribs*—and defects of the extremities supplied with wood, to suit the fancy of those who suppose they must be human bones. The way the figure stands up, seventeen or eighteen feet high, resembling the human skeleton, is well calculated to excite the wonder and admiration of the vulgar. But, sir, you may be assured they are not human bones, nor do they more resemble them than those of many other quadrupeds with which you are familiar. They are certainly of enormous size, and present some peculiarities which will no doubt prove interesting to naturalists."

Our impression is, that these fossil bones are those of some formidable reptile. However, the very moment they are ready for exhibition, there are men of skill in patætology, to decide not only what fossil animal they belonged to, but the geological epoch when it existed. There is a disposition manifested of late, by pseudo-naturalists, to impose upon the world with fossil remains, by giving them arrangements and positions which they never had in nature. Those who have seen the Missourium, and more recently, the far-famed Hydrarchos, which five weeks ago was rearing its lofty head over the top of the cornice in the Horticultural Hall, in this city, while its imaginary tail, like a piece of country stone fence, stretched off one hundred and fourteen feet in the distance, will appreciate the value of these remarks.

Paralysis of the Portia Dura, produced by Tobacco Smoking.—Mr. Smith, of Sheffield, records two cases in the Provincial Journal, of this affection. He attributes the paralysis to the sedative action of the tobacco smoke, and remarks that :—

" He is not aware of any case of paralysis of the portia dura on record having been attributed to the use of tobacco; nor, indeed, does he remember seeing an account of any case of paralysis, which has been imputed to this cause. Still he thinks a result of this kind, is quite in keeping with what we know of the physiological properties of the oil of tobacco, and is an effect which, *a priori*, reasoning upon them would lead us to expect. It is reasonable to suppose, that the practice of volatilizing so powerful a sedative poison, and applying its vapor to the lining membrane of the air passages, should produce derangement of the nervous system, varying in intensity according to its greater or less dilution with atmospheric air; and that, therefore, on the nervous fibrils proceeding from the mucous membrane of the mouth, a situation where the vapor must be com-

paratively concentrated, the effect should be most considerable. The sedative operation of tobacco has also been found by experiment to be exerted chiefly on the motor system; and it is quite in accordance with our knowledge of the nature of reflex action, that an impression of any sort, although immediately acting, as in this case, upon a sensory nerve, should be conveyed through its medium to the corresponding motor nerve."

Ætiology of Diseases of the Heart.—" Dr. Flogel thinks that among the determining causes of cardiac diseases, immoderate, long continued, or even only momentary bodily efforts, especially of the muscles of respiration, of such kinds as interfere with the free performance of respiration, have not received the attention which their importance deserves. He gives five cases in which the patients referred their cardiac symptoms to muscular efforts, and insists on the importance of these facts in reference to prophylaxis."—*British and For. Med. Review.*

Medical Miscellany.—Dr. Cornell's specimen No. of the Monthly Miscellany and Journal of Health, is accompanied by a beautifully-executed view of Boston Common.—A medical student, from Vermont, has been arrested in New York, because he had two anatomical subjects.—One Maxwell, in England, has run 11 miles in 17 seconds less than an hour. —Smallpox was represented last week, by the physicians, to be more prevalent than ever in the outer districts of Philadelphia.—An aged woman, in Dr. Fuller's practice, having dipped a needle in virus, to vaccinate a child, thrust it into her own mouth, while preparing the patient, and pricking her tongue, had a finely developed pustule on its very extremity.—A man died the other day, in New Jersey, in consequence of the bite of a hog, in the hand.—A Dr. Waterman, of Buffalo, has been tried and convicted of robbing a grave, and sentenced to the State Prison for three years—which is absolutely barbarous.—A colored man died in Maryland, lately, at the age of 112. At Bladen Co., N. C., Wm. Prigden, 123 years old.—In Philadelphia, week before last, 24 deaths occurred by smallpox; and last week, in Baltimore, 17 died of the same disease.—It is said in the New York Observer, that when wounds are made in the feet or other places by rusty nails, which always threaten lockjaw, if a piece of copper or a common cent is placed in contact with the incision and bound on, speedy relief follows.—A Mrs. Ward recently died in Kentucky, at the age of 110.

To Correspondents.—Dr. Tabor on Tobacco, and Dr. Stone on Diseases of the West, have been received. Several papers, before acknowledged, still remain unpublished. We cannot always insert communications in the order in which they are received. Sometimes the length of an article, and sometimes its subject, prevents this—as it is desirable to avoid too many long articles in the same No., as well as a want of variety in the subjects of shorter ones.

Married.—Dr. S. F. Gladwin, of Lowell, Mass., to Miss M. E. Wilkins.—At Greenville, Penn., Dr. Frank Comton to Miss E. H. Hastings, of Mass.

Number of deaths in Boston, for the week ending Dec. 27, 51.—Males 28, females 23. Stillborn, 4.
Of consumption, 12—erysipelas, 2—old age, 1—debility, 1—dropsy of the brain, 6—inflammation of the throat, 1—typhus fever, 2—infantile, 5—intemperance, 2—accidental, 5—croup, 3—inflammation of the bowels, 1—dropsy, 1—hooping cough, 1—lung fever, 2—disease of the heart, 1—throat distemper, 1—smallpox, 2—disease of the liver, 1—convulsions, 1.
Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 23—over 60 years, 4.

Register of the Weather at Middlebury, Vt.—Dr. J. A. Allen, of Middlebury, Vt., observes, in a private note, that he has taken much interest in the meteorological register kept at the State Hospital, Worcester, Mass., by Dr. Woodward—and moreover it has gratified him to find such a striking similarity in the registers kept at Worcester and Middlebury. The two places are at about the same elevation—the barometer varying not more than three or four hundredths. The thermometer shows a greater disparity. When the wind is northwest at Worcester, it is north at Middlebury. This is probably owing to the Green Mountain ridge turning the current up the Champlain valley. It might be supposed that Dr. Allen's extensive professional engagements would prevent him from keeping a regular and systematic register. His time, however, is so methodically laid out, that he is generally at home at sunrise and at 9 o'clock, P. M. The following is a table for the month of November.

Lat. 43° 49′ 51″. *Long.* 3° 57′ *East.* *Elevation* 500 *ft.*

1845.	Barometer.		Thermometer.		Wind.
Nov. 1.	From 29.05	to 29.27	From 54	to 62	S.
2.	29.05	29.20	43	57	N W.
3.	29.00	29.05	56	62	S.E.
4.	29.02	29.06	54	58	S.W.
5.	29.00	29.19	40	50	S.E.
6.	29.23	29.30	40	58	S.E.
7.	29.26	29.30	42	56	N.W.
8.	29.25	29.27	40	44	S.E.
9.	28.83	29 97	38	41	N.W.
10.	28.75	29.16	32	44	N.W.
11.	29.25	29.40	34	44	N.
12.	29.45	29.55	28	38	N.E.
13.	29.30	29.54	34	44	S.E.
14.	29.11	29.20	42	52	S.E.
15.	29.38	29.49	32	41	N.W.
16.	29.14	29.26	34	48	S.E.
17.	29.38	29.45	33	44	S.E.
18.	29.30	29.44	48	53	S.E.
19.	29.15	29.28	44	50	S.W.
20.	28.98	29.17	43	50	S.E.
21.	28.95	29.16	34	40	N.W.
22.	29.30	29.42	34	48	W·
23.	29.04	29.16	34	44	S.W.
24.	29.55	29.71	20	38	N.W.
25.	29.73	29.79	24	34	S.
26.	29.56	29.80	34	44	S.E.
27.	28.93	29.30	32	42	N.E.
28.	29.39	29.72	15	34	N.W.
29.	29.94	30.04	11	29	N.W.
30.	29.78	29.96	25	28	S.E.

The eleven first days of November were cloudy, and of these, six were stormy. Of the remaining nineteen days, two, the 27th and 30th, were rainy. The others were remarkably pleasant and delightful. Much rain has fallen, and the swamps and springs are well filled with water. The barometer has ranged from 28.75 to 30.04. The thermometer has ranged from 11 to 62. Observations have been made four times a-day, viz., at sunrise, at noon, at sunset and at 9 o'clock in the evening.